

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035852

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 398

FILED SEP 24 1962

VS 300  
Rev. 4/59

1 0941

2 0442

3

4 0

5 2

6

7 0

8 0

9 331X

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bonne Terre, Mo.</u>		Length of stay in lb <u>1 day</u>	c. CITY OR TOWN <u>Flat River</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>801 Monroe St.</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>P.</u> Last <u>Mosier</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/6/18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining superintendent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining lead</u>	9. AGE (last birthday) <u>84</u>
13a. FATHER'S NAME <u>James M. Mosier</u>		13b. MOTHER'S MAIDEN NAME <u>Anna (Mosier) Mosier</u>	14. NAME OF HUSBAND OR WIFE <u>Martha E. (Flanery) Mosier</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Miss Ora Mosier</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u>		12. CITIZEN OF WHAT COUNTRY <u>Washington County, Mo. U.S.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3</u> a.m. p.m. Month, Day, Year <u>Sept 7, 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>		20f. CITY, TOWN, OR LOCATION <u>Flat River, Mo.</u>	
21. I attended the deceased from <u>Sept 5 62</u> to <u>Sept 7 1962</u> and last saw him alive on <u>Sept 7, 1962</u> Death occurred at <u>3 05</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. Foster MD</u>		22b. ADDRESS <u>Deslog Mo</u>	22c. DATE SIGNED <u>9-13-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Sept. 9, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin W. Hood; 303 Crane St. Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 9, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 31 1963

SEP 20 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.